

Environmental Toxin Exposure, Generalized Anxiety, and Perceived Health Symptoms

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This study examined the relationships among environmental toxin exposure, generalized anxiety symptoms, and perceived health symptoms among a sample of community-dwelling adults in Southeastern Ohio, USA. Data were used from a larger database comparing two Ohio towns exposed to environmental manganese (Mn), Marietta and East Liverpool, with a third, unexposed control town (Mt. Vernon). Mn is a naturally-occurring element that is essential for normal functioning and is found in the body in small amounts (ATSDR, 2000). However, Mn is toxic in large doses, and excessive Mn exposure is most often associated with parkinsonian-like motor symptoms (Feldman, 1999). Mn exposure is also associated with cognitive and mood symptoms (Bowler et al., 2007) and adverse physical health consequences (ATSDR, 2000). Linear dose effect relationships between Mn exposure and cognitive and motor symptoms (Bowler et al., 2007) as well as mood symptoms (Bowler et al., 2012) have been documented, indicating that more exposure results in more severe symptoms.

Individuals with Mn exposure have been shown to experience higher levels of mood disruption compared with non-exposed individuals (Bowler et al., 1999), and anxiety is often one of the first reported symptoms of Mn intoxication (Mergler, 1994). Furthermore, anxiety, as well as other affective processes, have been shown to impact an individual's perception of his or her physical health (Howren & Suls, 2011).

The current study examined only residents of the exposed towns: 31 men and 55 women adults from East Liverpool, aged 30 to 74; and 45 men and 55 women adults from Marietta, aged 30 to 75. Mn exposure is defined as inverse distance in miles from the Mn source: a higher exposure value indicates greater distance from the Mn source but lower exposure to Mn. Anxiety symptoms were measured using the generalized anxiety syndrome scale described by Bowler and colleagues (2012), ($M=52.95$, $SD=8.33$). Perceived health was measured as the total number of symptoms out of 72 endorsed on the Health Study Questionnaire ($M=14.45$, $SD=11.24$).

A moderator analysis examined whether anxiety symptoms moderate the relationship between Mn exposure and number of health symptoms. Results indicated that whereas exposure did not predict number of mental and physical health symptoms ($R^2=.0002$, $p>.05$), there was a main effect for anxiety symptoms ($R^2=.303$, $p<.001$). Additionally, results indicate that anxiety symptoms moderated the relationship between exposure and health symptoms ($R^2=.336$, $p<.01$), such that participants with lower anxiety who live closer to the Mn source reported more health symptoms than those with lower anxiety who lived further away from the Mn source; but for those participants with higher levels of anxiety symptoms, those living further from the Mn source reported more health symptoms than those living

closer to the Mn source. These findings suggest that, because anxiety may have a greater impact on health symptoms at low Mn exposure than at high exposure , these two variables work in concert to change an individual's perception of mental and physical symptoms reported. **483 words**

Submitted to American Psychological Association Meeting, Hawaii August ? 2013

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